·								: 10612443					
								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO								. [· · · · · · · · · · · · · · · · · · ·	w.S			
		Effect	SHI	160	011/0	ريٰ ; (ک							
	CLAIMS AS FILED - PART I								NTITY		07450		
	· · · · · · · · · · · · · · · · · · ·		(Column	11)	(Column 2)			PE [OR	OTHER		
TOTAL CLAIMS			25				R/		FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		è	ASIC FE	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			905 minus 20=		· 5		F	X\$ 9=		OR	X\$18=	Sh	
INDEPENDENT CLAIMS			9 minus 3 =		•		F	X42=	-	1	X84=	70	
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT				-		_	OR			
* If the difference in column 1 is less than zero, enter *0* in column 2							· L	+140=		OR	+280=		
•							. 7	TOTAL	<u> </u>	OR	TOTAL	84h	
6	CLAIMS AS AMENDED PART II (Column 1) (Column 2) (Column 3)							LIAMS	ENTITY	00	OTHER SMALL		
۲	1200	(Column 1) CLAIMS	-	(Colun		(Column 3)				OR	SMALL		
AMENDMENT A		REMAINING AFTER		NUM PREVIO		PRESENT EXTRA		RATE.	ADDI- TIONAL		RATE	ADDI- TIONAL	
		AMENDMENT		PAID		EATINA	L		FEE			FEE	
	Total	25	Minus	-23	5	=		X\$ 9=	·	OR	X\$18=		
	Independent	· 2	Minus	3	3	-		X42=		OR	X84=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIR							440			222		
							Ľ	+140=		OR	+280=		
_	2010						AD	TOTAL DIT. FEE		OR ,	TOTAL ADDIT. FEE		
2	19105	. (Column 1)		(Colun		(Column 3)						•	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID F		PRESENT EXTRA	Г	RATE	ADDI-			ADDI-	
							['		TIONAL		RATE	TIONAL	
	Total	.24	Minus	-2	5	=	,	(\$ 9=		OR	X\$18=	, , ,	
	Independent	. 2	Minus	3	3	=		X42=		•	X84=		
Ľ	FIRST PRESE	NTATION OF ML	ILTIPLE DEF	PENDENT	CLAIM				OR	A64-			
								140=		OR	.+280=		
							ADI	TOTAL DIT. FEE		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING		HIGHE		PRESENT			ADDI-			ADDI-	
		AFTER AMENDMENT	-	PREVIO	USLY	EXTRA	F	RATE	TIONAL		PATE	TIONAL	
	Total	*	Minus	**	<u> </u>			<i>(6.0</i>	FEE		V222	FEE	
	Independent	•	Minus	ter		•		(\$ 9=		OR	X\$18=		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						L	(42=		OR	X84=		
								140=		OR	+280=		
If the entry in column 1 is less than the entry in column 2, write 0' in column 3. TOTAL TOTAL OR TOT													
: ***	I the "Highest Nu	mber Proviously Pa	id For IN THI	S SPACE is	less that	3. enter 3.	- 700	NT. PEE		: · ·	ODIT. FEE	 :	
	ine righest Num	ber Previously Paid	. FOI (10123101	amspende	ा । इ प्राप्त	uduest unune.	round (nı nıs abb	roprete box	, III COIL	ATIN 1.		

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